

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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15						
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20	2					
21	1					
22	3					
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36						
37						
38						
39	1					
40						
41	1					
42	1					
43	1					
44	2					
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	48	←	←	←		
TOTAL CLAIMS	51	↓	↓	↓		

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL IND.												
TOTAL DEP.		←	←	←								
TOTAL CLAIMS		↓	↓	↓								